

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2013
NAME OF PROVIDER OR SUPPLIER BIORX, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 13295 ILLINOIS STREET SUITE 111 CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	<p>Initial Comments</p> <p>This visit was for a Home Health Initial State Licensure survey.</p> <p>Survey Dates: October 3, 2013</p> <p>Facility Number: 013142</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>The surveyor arrived at the agency at 9:15 AM to conduct the agency's initial state licensure survey. The doors were locked. Signage on the front door had the agency phone number and business hours of 8:30 AM to 5:30 PM, Monday through Friday. At 9:50 AM, the surveyor called the number identified on the door and reached the home health agency operator who indicated the administrator was not in the office, but she would have the administrator call. At 10:15 AM, the administrator contacted the surveyor and indicated she was in South Carolina and the Alternate Administrator was in Mexico, Indiana, providing services and then was on her way to Michigan. The Administrator indicated that no one could be present to assist with the survey. No one could be in the office. The surveyor left the agency at 10:30 AM.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 4, 2013</p>	N 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE